
State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name: Speciality Markets

Project Name/Number: Revised Application/NUFIC12BSR01

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: Speciality Markets

State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness

Sub-TOI: H04.000 Health - Blanket Accident/Sickness

Filing Type: Form

Date Submitted: 01/09/2013

SERFF Tr Num: AGDE-128811508

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: NUFIC12BSR01

Implementation: On Approval

Date Requested:

Author(s): Penny Berry, Veronica Bullock

Reviewer(s): Rosalind Minor (primary)

Disposition Date: 01/10/2013

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: Revised Application/NUFIC12BSR01

General Information

Project Name: Revised Application Status of Filing in Domicile:
Project Number: NUFIC12BSR01 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: Group Market Size: Small and Large
Group Market Type: Blanket Overall Rate Impact:
Filing Status Changed: 01/10/2013
State Status Changed: 01/10/2013 Deemer Date:
Created By: Penny Berry Submitted By: Veronica Bullock
Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Blanket Accident Filing for C11695DBG Policy Series
C11696DBG (Rev. 12/12)-AR [Master][Participating Organization] Application
C11697DBG (Rev. 12/12)-AR Master Application
FORM FILING

Dear Commissioner:

Enclosed for your review and approval are updated Master Application Forms C11696DBG (Rev. 12/12)-AR and C11697DBG (Rev. 12/12)-AR for use with our approved Blanket Accident Policy, C11695DBG Policy Series. These revised Application forms are intended to replace the previously approved versions of forms filed and approved by your Department on August 30, 2001. All other previously approved forms for use with the Blanket Accident Policy, C11695DBG Policy Series, remain unchanged.

The Benefit Schedule section in the Master Application was revised to reflect updated benefit ranges for the approved benefit. When issued, the Policy Riders and/or Endorsements section of the Master Applications will display all the approved forms that will be issued with that policy. As the Master Applications are used to accommodate Policyholder choices for coverage, these forms are filed as variable so that the issued Master Application will only reflect the Benefits, Riders and/or Endorsements applicable to that Policyholder.

Form C11695DBG et al is issued to statutory blanket groups and any discretionary groups that have been approved by your Department.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms (including sequential ordering of the provisions, color and type face and font).

We appreciate your review of this filing and look forward to your approval.

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name: Speciality Markets

Project Name/Number: Revised Application/NUFIC12BSR01

Respectfully submitted,

Company and Contact

Filing Contact Information

Penny Berry, Product Analyst penny.berry@chartisinsurance.com
503 Carr Road 888-396-5369 [Phone] 31721 [Ext]
3rd Floor 302-830-4466 [FAX]
Wilmington, DE 19809

Filing Company Information

National Union Fire Insurance	CoCode: 19445	State of Domicile:
Company of Pittsburgh, Pa.	Group Code: 12	Pennsylvania
503 Carr Road	Group Name: AIG	Company Type:
3rd Floor	FEIN Number: 25-0687550	State ID Number:
Wilmington, DE 19809		
(888) 396-5369 ext. 31722[Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 per form x 2 = \$100.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$100.00	01/09/2013	66369627

SERFF Tracking #:	AGDE-128811508	State Tracking #:		Company Tracking #:	NUFIC12BSR01
State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.		
TOI/Sub-TOI:	H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness				
Product Name:	Speciality Markets				
Project Name/Number:	Revised Application/NUFIC12BSR01				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/10/2013	01/10/2013

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness		
Product Name:	Speciality Markets		
Project Name/Number:	Revised Application/NUFIC12BSR01		

Disposition

Disposition Date: 01/10/2013

Implementation Date:

Status: Approved-Closed

HHS Status: Not Reported

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	[Master][Participating Organization] Application	Approved-Closed	Yes
Form	Master Application	Approved-Closed	Yes

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness		
Product Name:	Speciality Markets		
Project Name/Number:	Revised Application/NUFIC12BSR01		

Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/10/2013	[Master][Participating Organization] Application	C11696DBG (Rev. 12/12)-AR	AEF	Initial			C11696DBG(Rev 12-12)-AR.pdf
2	Approved-Closed 01/10/2013	Master Application	C11697DBG (Rev. 12/12)-AR	AEF	Initial			C11697DBG(Rev 12-12)-AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

[MASTER][PARTICIPATING ORGANIZATION] APPLICATION FOR BLANKET ACCIDENT INSURANCE POLICY

Application is hereby made for an accident insurance policy based on the following statements and representations:

1. Identification of Policyholder:

[Name of Policyholder: ABC Organization

Address of Policyholder: 123 Main Street, City, State ZIP

Policy Number: XXXXXXXX]

[2. Identification of Participating Organization:

Name of Participating Organization: XYZ Corporation

Address of Participating Organization: 567 Main Street, City, State ZIP]

[2][3]. Classification of Eligible Persons:

[Class	Description of Class	Number of Eligible Persons
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1	All members of ABC Organization	TBD
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<description of the classes applicable to the issued policy will be listed within this section.>]

[3][4]. [Policy][Participating Organization] Coverage:

A. **Covered Activities:** [<description of the covered activities applicable to the issued policy will be listed within this section.>]

B. **Benefit Schedule:**

[CLASS(ES) 1[and 2]

Accidental Death Benefit ____ [✓] ____ Provided ____ Not Provided

[Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 10,000,000]]

Accidental Dismemberment Benefit ____ Provided ____ [✓] ____ Not Provided

[Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 10,000,000]]

[Accident Medical Expense Benefit

[Overall Accident Medical Expense]Maximum Amount[for Covered Activity(ies)]:

\$[250 – 10,000,000]

[Deductible[for Covered Activity(ies)]:

\$[50 – 250,000] per [policy term/accident/coverage period]]

[Deductible Incurral Period: [0 - 520] weeks]

[Coinsurance: [60-90% in 5% increments]]

[Maximum Amount for Physical Therapy: \$[25 - 500]

[[Per Day][Per Visit] Maximum: [1 - 52]]

Note: Expenses charged to the maximum for the above services are also subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Maximum Amount for Prescription Drugs: \$[5 - 5,000]

Note: Expenses charged to the maximum for the above prescriptions drugs are also subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Maximum Amount for Emergency Room[/Ambulatory Medical Center]: \$[100 - 50,000]

Note: Expenses charged to the maximum for the above Emergency Room[/Ambulatory Medical Center] are also subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Maximum Amount for [Local] Ambulance: \$[100 - 10,000]

Note: Expenses charged to the maximum for the above [Local] ambulance are also subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Dental Maximum[for Covered Activity(ies)]: \$[500 - 25,000] per accident

Note: Expenses charged to the maximum for the above Dental services are also subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Dental Maximum Amount per tooth [for Covered Activity(ies)]: \$[50 - 2,500] per accident

Note: Expenses charged to the maximum for the above Dental services per tooth are also subject to the [Dental][Overall Accident Medical Expense] Maximum Amount shown above.]

[Maximum Amount for Deferred Medical Treatment Benefit: \$[1,000 - 50,000] per accident

Note: Expenses charged to the maximum for the above Deferred Medical Treatment services are *not* subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Maximum Amount for Deferred Dental Treatment Benefit: \$[500 - 5,000] per accident

Note: Expenses charged to the maximum for the above Deferred Dental Treatment services are *not* subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Bereavement and Trauma Counseling Benefit

Maximum Amount per Session[for Covered Activity(ies)]: \$[50 - 500]per accident.

Maximum Number of Sessions: [3-24] per accident]

[Brain Death Catastrophe Cash Benefit

Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 6,000,000]]

[Catastrophe Cash Benefit

[Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 6,000,000]]

[Initial Lump Sum Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 1,000,000]]

[Monthly Maximum Amount[for Covered Activity(ies)]: \$[100 - 10,000]]

[Maximum Number of Months[for Covered Activity(ies)]: [12 - 240, Lifetime]]

[Coma Benefit

Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 2,000,000]]

[Emergency Evacuation [with Family Travel] Benefit

Maximum Amount[for Covered Activity(ies)]: \$[25,000 – 5,000,000]]

[Emergency Sickness Medical Expense Benefit [Maximum Amount for Emergency Sickness Medical Expense Benefits are also subject to the Sickness Medical Expense Maximum Amount.]

[Overall Emergency Sickness Medical Expense]Maximum Amount[for Covered Activity(ies)]: \$[250 - 500,000]

[Deductible[for Covered Activit(ies)]: \$[50 - 250,000] per [policy term/ Emergency Sickness/ coverage period]]

[Deductible Incurral Period: [0 - 260] weeks]

[Coinsurance: [60-90% in 5% increments]]

[Maximum Amount for Physical Therapy: \$[25 - 500]

[Per Day][Per Visit] Maximum: [1 - 52]]

Note: Expenses charged to the maximum for the above services are also subject to the Overall Emergency Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for Prescription Drugs: \$[5 - 5,000]

Note: Expenses charged to the maximum for the above prescriptions drugs are also subject to the Overall Emergency Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for Emergency Room[/Ambulatory Medical Center]: \$[100 - 50,000]

Note: Expenses charged to the maximum for the above Emergency Room[/Ambulatory Medical Center] are also subject to the Overall Emergency Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for [Local] Ambulance: \$[100 - 10,000]

Note: Expenses charged to the maximum for the above [Local] ambulance are also subject to the Overall Emergency Sickness Medical Maximum Amount shown above.]

[Dental Maximum[for Covered Activity(ies)]: \$[500 - 25,000] per Emergency Sickness

Note: Expenses charged to the maximum for Dental services are also subject to the Overall Emergency Sickness Medical Expense Maximum Amount shown above.]

[Dental Maximum Amount per tooth [for Covered Activity(ies)]: \$[50 - 2,500] per Emergency Sickness

Note: Expenses charged to the maximum for the above Dental services per tooth are also subject to the [Dental] [Overall Emergency Sickness Medical Expense] Maximum Amount shown above.]

[Felonious Assault Benefit (Dollar Amount)]

Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 2,000,000]]

[Felonious Assault Benefit (Percentage Amount)]

Benefit Percentage [for Covered Activity(ies)]: [1 - 100%]]

[Heart and/or Circulatory] Benefit (This benefit is not payable in addition to the Accidental Death Benefit .)

Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 10,000,000]]

[Home Alteration and Vehicle Modification Benefit Rider]

Maximum Amount[for Covered Activity(ies)]: \$[5,000 - 50,000]]

[In-Hospital Indemnity Benefit]

Daily Maximum Amount [for Covered Activity(ies)]: \$[10 - 500]

Maximum Number of Days [for Covered Activity(ies)]: [30 - 730 days]]

[Loss of Use Benefit]

Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 2,000,000]]

[Paralysis Benefit]

Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 5,000,000]]

[Occupational Retraining Benefit]

Maximum Amount[for Covered Activity(ies)]: \$[10,000 - \$50,000]

Benefit Period: [6 - 48] Months]

[Permanent Total Disability Benefit (Monthly Benefit)]

Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 5,000,000]

Monthly Rate[for Covered Activity(ies)]: [1 - 5]% of the Permanent Total Disability Maximum Amount per month]

[Permanent Total Disability Benefit (Periodic Payment)]

Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 5,000,000]

Monthly Rate[for Covered Activity(ies)]: [1 - 5]% of the Permanent Total Disability Benefit Amount per month]

[Permanent Total Disability Benefit (Single Payment)]

Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 5,000,000]]

[Rehabilitation Benefit]

Maximum Amount[for Covered Activity(ies)]: \$[2,500 - 100,000]]

[Repatriation of Remains Benefit]

Maximum Amount [for Covered Activity(ies)]: \$[5,000 – 5,000,000]]

[Seat Belt [and Air Bag] Benefit]

Seat Belt Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 500,000]

[Air Bag Maximum Amount[for Covered Activity(ies)]: \$[500 - 500,000]]]

[Security Evacuation Benefit Rider]

Maximum Amount[for Covered Activity(ies)]: \$[25,000 - 500,000] per [Occurrence/Period of Coverage]

[Severe Burn Benefit Rider (Percentage)]

Maximum Amount[for Covered Activity(ies)]: \$[10,000 - 500,000]

[Severe Burn Benefit Rider (Lump Sum)]

Maximum Amount[for Covered Activity(ies)]: \$[10,000 - 500,000]

[Sickness Medical Expense Benefit Rider]

[Overall Sickness Medical Expense]Maximum Amount[for Covered Activity(ies)]: \$[250 - 5,000,000]

[Deductible[for Covered Activity(ies)]: \$[25 - 250,000] per [policy term/Sickness/coverage period]]

[Coinsurance:] [60-90% in 5% increments]

[Maximum Amount for Physical Therapy:] \$[25 - 500]

[Per Day][Per Visit] Maximum:] [1 - 52]

Note: Expenses charged to the maximum for the above services are also subject to the Overall Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for Prescription Drugs:] \$[5 - 5,000]

Note: Expenses charged to the maximum for the above prescriptions drugs are also subject to the Overall Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for Emergency Room [/Ambulatory Medical Center]: \$[100 - 50,000]

Note: Expenses charged to the maximum for the above Emergency Room[/Ambulatory Medical Center] are also subject to the Overall Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for [Local] Ambulance:] \$[100 - 10,000]

Note: Expenses charged to the maximum for the above [Local] ambulance are also subject to the Overall Sickness Medical Expense Maximum Amount shown above.]

[Dental Maximum [for Covered Activity(ies)]: \$[500 - 25,000] per Sickness

Note: Expenses charged to the maximum for the above Dental services are also subject to the Overall Sickness Medical Expense Maximum Amount shown above.]

[Dental Maximum Amount per tooth [for Covered Activity(ies)]: \$[50 - 2,500] per Sickness

Note: Expenses charged to the maximum for the above Dental services per tooth are also subject to the [Dental][Overall Sickness Medical Expense] Maximum Amount shown above.]

[Weekly Accident Indemnity Benefit]

Weekly Maximum Amount[for Covered Activity(ies)]: \$[25 -2,500]

Maximum Number of Weeks[for Covered Activity(ies)]: [13 - 260] weeks]

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

[Aggregate Deductible (applies to Accident Medical Expense Benefit only)

Aggregate Deductible: \$ [25,000 - 500,000]

Individual Limit: \$ [Not Applicable; \$1,000 – 100,000]

[Aggregate Limit

\$[0 – 10 times Accidental Death Maximum Amount]

C. **[Policy][Participating Organization] Riders and/or Endorsements:**

[The following Riders and/or Endorsements are attached to and made part of the [Participating Organization's coverage under the] Policy as of the [Policy][Participating Organization] Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

CLASS(ES) 1[and 2]

FORM NO.	DESCRIPTION
<The approved forms applicable to the issued policy will be listed here.>	

[4][5]. Premiums:

[It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

[\$XXXX per Insured, due and payable in advance of the policy term]

[\$XXXX per Insured per month, due and payable on the first of each month for coverage to be provided for that month]

[The premium for the policy term is the greater of (1) \$XXX (the Minimum Premium) or (2) an amount calculated by multiplying the number of persons insured by a per-person rate of \$XXX (the Calculated Premium). The Minimum Premium is due and payable in advance of the [Policy][Participating Organization] Effective Date. The Calculated Premium will be determined upon completion of an audit by the Company or its representative during the policy term. If the Calculated Premium is greater than the Minimum Premium, the difference between the two is due and payable on the date of written notice by the Company to the [Policyholder][Participating Organization] of the amount owed.]]

[5][6]. [Policy][Participating Organization] Effective Date:

[Month XX, XXXX]

[6][7]. [Policy][Participating Organization] Termination Date:

[Month XX, XXXX]

Signed for the [Policyholder][Participating Organization]

Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

MASTER APPLICATION FOR BLANKET ACCIDENT INSURANCE POLICY

Application is hereby made for an accident insurance policy based on the following statements and representations:

1. Identification of Policyholder:

[Name of Policyholder: ABC Organization

Address of Policyholder: 123 Main Street, City, State ZIP

Policy Number: XXXXXXXX]

2. Policy Coverage:

A. Benefit Schedule:

Accidental Death Benefit ☒ Provided ☐ Not Provided

[Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 10,000,000]]

Accidental Dismemberment Benefit ☐ Provided ☒ Not Provided

[Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 10,000,000]]

[Accident Medical Expense Benefit

[Overall Accident Medical Expense]Maximum Amount[for Covered Activity(ies)]:

\$[250 – 10,000,000]

[Deductible[for Covered Activity(ies)]:

\$[50 – 250,000] per [policy term/accident/coverage period]]

[Deductible Incurral Period: [0 - 520] weeks]

[Coinsurance: [60-90% in 5% increments]]

[Maximum Amount for Physical Therapy: \$[25 - 500]

[[Per Day][Per Visit] Maximum: [1 - 52]]

Note: Expenses charged to the maximum for the above services are also subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Maximum Amount for Prescription Drugs: \$[5 - 5,000]

Note: Expenses charged to the maximum for the above prescriptions drugs are also subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Maximum Amount for Emergency Room[/Ambulatory Medical Center]: \$[100 - 50,000]

Note: Expenses charged to the maximum for the above Emergency Room[/Ambulatory Medical Center] are also subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Maximum Amount for [Local] Ambulance: \$[100 - 10,000]

Note: Expenses charged to the maximum for the above [Local] ambulance are also subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Dental Maximum[for Covered Activity(ies)]: \$[500 - 25,000] per accident

Note: Expenses charged to the maximum for the above Dental services are also subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Dental Maximum Amount per tooth [for Covered Activity(ies)]: \$[50 - 2,500] per accident

Note: Expenses charged to the maximum for the above Dental services per tooth are also subject to the [Dental][Overall Accident Medical Expense] Maximum Amount shown above.]

[Maximum Amount for Deferred Medical Treatment Benefit: \$[1,000 - 50,000] per accident

Note: Expenses charged to the maximum for the above Deferred Medical Treatment services are *not* subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Maximum Amount for Deferred Dental Treatment Benefit: \$[500 - 5,000] per accident

Note: Expenses charged to the maximum for the above Deferred Dental Treatment services are *not* subject to the Overall Accident Medical Expense Maximum Amount shown above.]

[Bereavement and Trauma Counseling Benefit

Maximum Amount per Session[for Covered Activity(ies)]: \$[50 - 500]per accident.

Maximum Number of Sessions: [3-24] per accident]

[Brain Death Catastrophe Cash Benefit

Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 6,000,000]]

[Catastrophe Cash Benefit

[Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 6,000,000]]

[Initial Lump Sum Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 1,000,000]]

[Monthly Maximum Amount[for Covered Activity(ies)]: \$[100 - 10,000]]

[Maximum Number of Months[for Covered Activity(ies)]: [12 - 240, Lifetime]]]

[Coma Benefit

Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 2,000,000]]

[Emergency Evacuation [with Family Travel] Benefit

Maximum Amount[for Covered Activity(ies)]: \$[25,000 – 5,000,000]]

[Emergency Sickness Medical Expense Benefit [Maximum Amount for Emergency Sickness Medical Expense Benefits are also subject to the Sickness Medical Expense Maximum Amount.]

[Overall Emergency Sickness Medical Expense]Maximum Amount[for Covered Activity(ies)]: \$[250 - 500,000]

[Deductible for Covered Activity(ies)]: \$[50 - 250,000] per [policy term/ Emergency Sickness/ coverage period]]

[Deductible Incurral Period: [0 - 260] weeks]

[Coinsurance: [60-90% in 5% increments]]

[Maximum Amount for Physical Therapy: \$[25 - 500]

[Per Day][Per Visit] Maximum: [1 - 52]]

Note: Expenses charged to the maximum for the above services are also subject to the Overall Emergency Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for Prescription Drugs: \$[5 - 5,000]

Note: Expenses charged to the maximum for the above prescriptions drugs are also subject to the Overall Emergency Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for Emergency Room[/Ambulatory Medical Center]: \$[100 - 50,000]

Note: Expenses charged to the maximum for the above Emergency Room[/Ambulatory Medical Center] are also subject to the Overall Emergency Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for [Local] Ambulance: \$[100 - 10,000]

Note: Expenses charged to the maximum for the above [Local] ambulance are also subject to the Overall Emergency Sickness Medical Maximum Amount shown above.]

[Dental Maximum for Covered Activity(ies)]: \$[500 - 25,000] per Emergency Sickness

Note: Expenses charged to the maximum for Dental services are also subject to the Overall Emergency Sickness Medical Expense Maximum Amount shown above.]

[Dental Maximum Amount per tooth for Covered Activity(ies)]: \$[50 - 2,500] per Emergency Sickness

Note: Expenses charged to the maximum for the above Dental services per tooth are also subject to the [Dental] [Overall Emergency Sickness Medical Expense] Maximum Amount shown above.]

[Felonious Assault Benefit (Dollar Amount)

Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 2,000,000]]

[Felonious Assault Benefit (Percentage Amount)

Benefit Percentage [for Covered Activity(ies)]: [1 - 100%]]

[Heart and/or Circulatory] Benefit (This benefit is not payable in addition to the Accidental Death Benefit .)

Maximum Amount[for Covered Activity(ies)]: \$[1,000 - 10,000,000]]

[Home Alteration and Vehicle Modification Benefit Rider

Maximum Amount[for Covered Activity(ies)]: \$[5,000 - 50,000]]

[In-Hospital Indemnity Benefit

Daily Maximum Amount [for Covered Activity(ies)]: \$[10 - 500]

Maximum Number of Days [for Covered Activity(ies)]: [30 - 730] days]

[Loss of Use Benefit

Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 2,000,000]

[Paralysis Benefit

Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 5,000,000]

[Occupational Retraining Benefit

Maximum Amount [for Covered Activity(ies)]: \$[10,000 - \$50,000]

Benefit Period: [6 - 48] Months]

[Permanent Total Disability Benefit (Monthly Benefit)

Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 5,000,000]

Monthly Rate [for Covered Activity(ies)]: [1 - 5]% of the Permanent Total Disability
Maximum Amount per month]

[Permanent Total Disability Benefit (Periodic Payment)

Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 5,000,000]

Monthly Rate [for Covered Activity(ies)]: [1 - 5]% of the Permanent Total Disability
Benefit Amount per month]

[Permanent Total Disability Benefit (Single Payment)

Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 5,000,000]

[Rehabilitation Benefit

Maximum Amount [for Covered Activity(ies)]: \$[2,500 - 100,000]]

[Repatriation of Remains Benefit

Maximum Amount [for Covered Activity(ies)]: \$[5,000 – 5,000,000]

[Seat Belt [and Air Bag] Benefit

Seat Belt Maximum Amount [for Covered Activity(ies)]: \$[1,000 - 500,000]

[Air Bag Maximum Amount [for Covered Activity(ies)]: \$[500 - 500,000]]]

[Security Evacuation Benefit Rider

Maximum Amount [for Covered Activity(ies)]: \$[25,000 - 500,000] per
[Occurrence/Period of Coverage]]

[Severe Burn Benefit Rider (Percentage)

Maximum Amount [for Covered Activity(ies)]: \$[10,000 - 500,000]]

[Severe Burn Benefit Rider (Lump Sum)

Maximum Amount [for Covered Activity(ies)]: \$[10,000 - 500,000]]

[Sickness Medical Expense Benefit Rider

[Overall Sickness Medical Expense]Maximum Amount [for Covered Activity(ies)]:
\$[250 - 5,000,000]

[Deductible [for Covered Activity(ies)]: \$[25 - 250,000] per [policy
term/Sickness/coverage period]]

[Coinsurance: [60-90% in 5% increments]

[Maximum Amount for Physical Therapy: \$[25 - 500]

[[Per Day][Per Visit] Maximum: [1 - 52]]

Note: Expenses charged to the maximum for the above services are also subject to the Overall Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for Prescription Drugs: \$[5 - 5,000]

Note: Expenses charged to the maximum for the above prescriptions drugs are also subject to the Overall Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for Emergency Room [/Ambulatory Medical Center]: \$[100 - 50,000]

Note: Expenses charged to the maximum for the above Emergency Room[/Ambulatory Medical Center] are also subject to the Overall Sickness Medical Expense Maximum Amount shown above.]

[Maximum Amount for [Local] Ambulance: \$[100 - 10,000]

Note: Expenses charged to the maximum for the above [Local] ambulance are also subject to the Overall Sickness Medical Expense Maximum Amount shown above.]

[Dental Maximum [for Covered Activity(ies)]: \$[500 - 25,000] per Sickness

Note: Expenses charged to the maximum for the above Dental services are also subject to the Overall Sickness Medical Expense Maximum Amount shown above.]

[Dental Maximum Amount per tooth [for Covered Activity(ies)]: \$[50 - 2,500] per Sickness

Note: Expenses charged to the maximum for the above Dental services per tooth are also subject to the [Dental][Overall Sickness Medical Expense] Maximum Amount shown above.]

[Weekly Accident Indemnity Benefit

Weekly Maximum Amount[for Covered Activity(ies)]: \$[25 -2,500]

Maximum Number of Weeks[for Covered Activity(ies)]: [13 - 260] weeks]

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

[Aggregate Deductible (applies to Accident Medical Expense Benefit only)

Aggregate Deductible: \$ [25,000 - 500,000]

Individual Limit: [Not Applicable; \$1,000 – 100,000]

[Aggregate Limit \$[0 – 10 times Accidental Death Maximum Amount]]

B. Policy Riders and/or Endorsements:

[The following Riders and/or Endorsements are attached to and made part of the Policy as of the Policy Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

FORM NO.	DESCRIPTION
<The approved forms applicable to the issued policy will be listed here.>	

3. **Policy Effective Date:** [Month XX, XXXX]
- [4. **Policy Termination Date:** [Month XX, XXXX]]

Signed for the Policyholder

Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness		
Product Name:	Speciality Markets		
Project Name/Number:	Revised Application/NUFIC12BSR01		

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	01/10/2013
Bypass Reason:	Not applicable as this is an application filing and therefore not applicable to Flesch requirements		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/10/2013
Bypass Reason:	Not applicable as this is an application filing and the application is attached to the supporting documentation tab.		

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	01/10/2013
Bypass Reason:	Not applicable as this is not a major medical filing.		